

Claimant's Name \_\_\_\_\_ SSN: \_\_\_\_\_

**Use this form to continue listing your dependent children. Attach this form to your Declaration of Dependency (Form Me. B-70). Use additional sheets if needed.**

<b>C. DEPENDENT CHILDREN</b>				
Child #4	Dependent Child's First and Last Name	Social Security No.	Date of Birth	Relationship
	Receiving Child Support? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Weekly Amount \$ _____	Live With You? <input type="checkbox"/> YES <input type="checkbox"/> NO Mainly Supported by You? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Child #5	Dependent Child's First and Last Name	Social Security No.	Date of Birth	Relationship
	Receiving Child Support? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Weekly Amount \$ _____	Live With You? <input type="checkbox"/> YES <input type="checkbox"/> NO Mainly Supported by You? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Child #6	Dependent Child's First and Last Name	Social Security No.	Date of Birth	Relationship
	Receiving Child Support? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Weekly Amount \$ _____	Live With You? <input type="checkbox"/> YES <input type="checkbox"/> NO Mainly Supported by You? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Child #7	Dependent Child's First and Last Name	Social Security No.	Date of Birth	Relationship
	Receiving Child Support? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Weekly Amount \$ _____	Live With You? <input type="checkbox"/> YES <input type="checkbox"/> NO Mainly Supported by You? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Child #8	Dependent Child's First and Last Name	Social Security No.	Date of Birth	Relationship
	Receiving Child Support? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Weekly Amount \$ _____	Live With You? <input type="checkbox"/> YES <input type="checkbox"/> NO Mainly Supported by You? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**Please provide the following information for the children you listed above.**

F. Are you <b>currently</b> paying Child Support (not including back support)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide the following:					
Child _____	Child _____	Child _____	Child _____	Child _____	Child _____
How Much \$ _____	How Much \$ _____	How Much \$ _____	How Much \$ _____	How Much \$ _____	How Much \$ _____
How Often? _____	How Often? _____	How Often? _____	How Often? _____	How Often? _____	How Often? _____
Child _____	Child _____	Child _____	Child _____	Child _____	Child _____
How Much \$ _____	How Much \$ _____	How Much \$ _____	How Much \$ _____	How Much \$ _____	How Much \$ _____
How Often? _____	How Often? _____	How Often? _____	How Often? _____	How Often? _____	How Often? _____

G. Are you <b>receiving public assistance</b> (including TANF) or <b>is public assistance being paid to someone else</b> for any of the dependents listed above? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide the following:					
Child _____	Child _____	Child _____	Child _____	Child _____	Child _____
Type of Payment _____	Type of Payment _____	Type of Payment _____	Type of Payment _____	Type of Payment _____	Type of Payment _____
Amount \$ _____	Amount \$ _____	Amount \$ _____	Amount \$ _____	Amount \$ _____	Amount \$ _____
How Often? _____	How Often? _____	How Often? _____	How Often? _____	How Often? _____	How Often? _____
To Whom Paid? _____	To Whom Paid? _____	To Whom Paid? _____	To Whom Paid? _____	To Whom Paid? _____	To Whom Paid? _____
Child _____	Child _____	Child _____	Child _____	Child _____	Child _____
Type of Payment _____	Type of Payment _____	Type of Payment _____	Type of Payment _____	Type of Payment _____	Type of Payment _____
Amount \$ _____	Amount \$ _____	Amount \$ _____	Amount \$ _____	Amount \$ _____	Amount \$ _____
How Often? _____	How Often? _____	How Often? _____	How Often? _____	How Often? _____	How Often? _____
To Whom Paid? _____	To Whom Paid? _____	To Whom Paid? _____	To Whom Paid? _____	To Whom Paid? _____	To Whom Paid? _____